

Application for Use of Facilities and Equipment

Date: _____

Vienna Parks and Recreation

120 Cherry Street, SE
Vienna Virginia 22180
(703) 255-6360 Fax (703)255-6399

1. Organization_____
2. Name of Applicant_____
3. Address of Applicant_____
(Street)

(City) (State) (Zip)
4. Phone (H)_____ (O)_____
5. Person in charge (if other than applicant)

(Name)

(Address)
Phone (H)_____ (O)_____
6. Date/s requested _____
7. Type of Activity_____
8. Arrival Time: _____
Departure Time: _____
9. Actual Time of Activity_____
10. Is organization a civic or a community?
Yes_____ No_____
11. Will you charge fees? Yes__ No__
12. Do you plan to serve alcoholic beverages?
Yes_____ No_____
13. Estimated number of participants_____
14. Space requested:
Auditorium_____ Gym_____
Small Meeting Room_____
Large Meeting Room_____
Kitchen_____ Picnic Shelter_____
Other_____
15. Equipment Requested:
Number of Tables_____
Number of Chairs_____
Podium_____ Stage_____
Chalkboard_____
Other_____

16. Does individual/organization have liability coverage? Yes_____ No_____
Coverage per Person_____
Total Coverage_____
Insurance Carrier_____

The undersigned certifies that he/she is familiar with the rules and regulations for the use of the center, and that such rules and regulations will be enforced by said user. The undersigned accepts for the user the full responsibility for any and all damages to the facility caused by said user and for the prompt and proper settlement of claims for such damage.

Signed: _____

FOR OFFICE USE ONLY

Department of Parks and Recreation
Approved_____ Disapproved_____

Comments_____

Parks and Recreation Representative

Rental Fee:	Fee Schedule		
	Hours	Fee	Amount
Gym	_____	_____	_____
Mtg. Room	_____	_____	_____
Kitchen	_____	_____	_____
Picnic Shelter	_____	_____	_____
Auditorium	_____	_____	_____
Other	_____	_____	_____

Personnel:	Hours	Fee	Amount
Supervisory	_____	_____	_____
Custodial	_____	_____	_____

Special Fees:

List:	Fee	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TOTAL RENTAL DUE: _____

Damage Deposit: _____
Due on: _____ refundable on: _____
Insurance required? Yes_____ No_____
Amt. of Property_____ Personal Liability_____